EXHIBIT 27

02/11/2003 01:11 FAX 617⌐⌐1634   MARKS DISCOUNT ⌐⌐   ☑01

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial)	2. EMPLOYEE OR SOCIAL SECURITY NUMBER
O'Donnell Colleen	▓▓▓▓▓▓▓▓▓

3. ORGANIZATION   DOJ BOP

4. TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)	DATE From:	To:	TIME From:	To:	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE
☐ Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:
☐ Restored Annual Leave						
☐ Advance Annual Leave						
☐ Accrued Sick Leave						☐ I hereby invoke my entitlement to Family and Medical Leave for:
☒ Advance Sick Leave	2/3/03	⸺⸺	2-1-73	4ᵒᵒ	206 00	☐ Birth/Adoption/Foster Care

Purpose: ☒ Medical/dental/optical examination of requesting employee   ☐ Other

☐ Care of family member/bereavement, including medical/dental/optical examination of family member\

						☐ Serious Health Condition of Spouse, Son, Daughter, or Parent
						☐ Serious Health Condition of Self
Compensatory Time Off						
Other Paid Absence						Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.
☐ Leave Without Pay						

6. REMARKS: Advanced Leave

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│   MDF  8.24.05   │
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7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE _[signature]_   DATE January 27, 2003

8. OFFICIAL ACTION ON REQUEST: ☐ APPROVED ☑ DISAPPROVED

(If disapproved, give reason. If annual leave, initiate action to reschedule.)

SIGNATURE _[signature]_   DATE 2/19/3

PRIVACY ACT STATEMENT

U.S. OFFICE OF PERSONNEL MANAGEMENT AUTHORIZED FOR LOCAL REPRODUCTION	STANDARD FORM 71 (Rev. 12-97) PREVIOUS EDITION MAY BE USED